



New York City's Children and Mental Health: Prevalence and Gap Analysis of Treatment Slot Capacity

Citizens' Committee for Children of New York, Inc.

on behalf of:

NYC Citywide Children's Committee and
NYC Early Childhood Strategic Mental Health Workgroup

January 2012

Acknowledgements

We would like to extend our thanks to the participants of the New York City Citywide Children's Committee and the New York City Early Childhood Mental Health Strategic Workgroup who helped to gather the data for this project. In particular, we are appreciative of the support and guidance we received from both Evelyn Blanck, the chair of both committees, and Dr. Jennifer Havens, former co-chair of the Citywide Children's committee. We extend our thanks as well to CCC's former Senior Policy Associate Joan Siegel, who shepherded the project. Finally, we are indebted to the 47 clinics that responded to the survey voluntarily and with the promise of confidentiality. It is their willingness to take the time to talk with us that made this analysis possible.

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Executive Summary

There are clearly high costs to children, families, communities and taxpayers when children's mental health needs are unmet including worsening mental health, school difficulties, increased suicidality and a cycle of poverty.¹ Given how critical it is to identify children with mental health needs and treat these needs as soon as possible, Citizens' Committee for Children of New York, Inc. (CCC), in conjunction with the New York City Citywide Children's Committee and the New York City Early Childhood Strategic Mental Health Workgroup sought to estimate the gap between the need for treatment slots and the number of treatment slots available for children throughout New York City.

Through our analysis we found that an estimated 47,407 children ages 0-4 in New York City have a behavioral problem and 268,743 children ages 5-17 in New York City are estimated to have a mental health disorder. While we were unable to identify the citywide unmet need, due to the lack of data for Queens and Manhattan, our analysis of slot capacity for Brooklyn, Bronx and Staten Island suggests that there are only treatment slots for 1% of children ages 0-4 and 12% of children ages 5-17 who have treatment needs. This analysis lays bare that there are insufficient treatment slots to meet children's treatment needs in New York City.

This gap analysis (between need and capacity) is particularly timely because the delivery of mental health services to children in New York State has recently undergone some significant changes and is due to experience additional changes in the near future, making understanding children's need and the system's capacity to address them both critical and valuable.

In recent years, in order to improve access to assessment and treatment for children and contain costs, the State Office Mental Health (OMH) has made several changes to Article 31² mental health clinics regarding how clinical treatment is accessed and funded.

First, in 2006, OMH attempted to expand children's access to mental health services through Child and Family Clinic Plus, which aimed to assess children in normative settings such as schools, early childhood programs and child abuse prevention programs and then link those children in need with treatment services. Unfortunately, the take-up rate for screenings, the lynchpin of the Child and Family Clinic Plus program, was lower than anticipated. As a result, the program has been phased-out at the end of calendar year 2011.

Second, in October 2010, OMH restructured the clinic reimbursement rates for mental health services. Clinic rate restructuring includes an opportunity for the state to make clinic reimbursement more uniform and consistent, to bring the state into compliance with the federal Health Insurance Portability and Accountability Act³ and to streamline clinic practices to implement best practices. It also includes the gradual elimination of Comprehensive Outpatient Services (COPS) funding by 25% a year over a four-year period. COPS funding had historically supplemented clinic reimbursement, making up for the costs of providing services for the uninsured and low private insurance reimbursement rates. To replace COPS, the State is going to establish an uncompensated care pool to offset some of the cost of providing for the uninsured or underinsured.

¹ *Achieving the Promise: Transforming Mental Health Care in America*, The President's New Freedom Commission on Mental Health (2003) at page 58, 59. See also, Children's Team, MRT Behavioral Health Reform Workgroup, http://www.omh.ny.gov/omhweb/childservice/mrt/kids_bho_orientation.pdf (2011) at slide 12 (accessed 8/23/11).

² The Mental Hygiene Law governs mental health clinics. Article 31 of the Mental Hygiene Law specifically covers licensing of these clinics; hence they are referred to as "Article 31" clinics.

³ New York State Office of Mental Health, <http://www.omh.ny.gov/omhweb/Statewideplan/interim/2009/> (accessed 9/14/11)

Most recently, the State has begun working to streamline and improve care through the expansion of Medicaid managed care and the creation of Behavioral Health Organizations (BHOs)⁴ but these reforms are not yet fully implemented. There remains much uncertainty about the impact of reforms, particularly on children, when they are fully operationalized in April 2013. It remains critical that sufficient resources are dedicated and capacity developed, to be able to treat all children in need of mental health treatment.

The gap analysis developed by CCC, in conjunction with the New York City Citywide Children's Committee and the New York City Early Childhood Strategic Mental Health Workgroup, reveals that there is currently insufficient capacity to serve children in need of mental health treatment. In particular, our work revealed that many Community Districts (CD) do not have children's mental health treatment slots. Moreover, when we examined the gap between need (based on prevalence) and available slots at the CD level, we saw large gaps in CDs where risks to children's well being concentrate. Our work also revealed that the State and City lack a centralized means of tracking clinic capacity to serve children.

We urge the State and the City to use this Gap Analysis to strategically determine how to 1) establish a process through which the State and City can regularly determine clinic capacity and unmet need; 2) target the expansion and support of services to communities where children are underserved; and 3) inform the move toward implementation of state reforms related to the establishment of health homes, Behavioral Health Organizations (BHOs), and the expansion of Medicaid managed care.

Methodology

To estimate the gap between the existing capacity to treat children's mental health needs at public, licensed mental health clinics in New York City's 59 CDs and the number of children in need of such services in each CD, CCC and our partners sought to 1) develop an estimate for the prevalence of mental health disorders amongst children and 2) determine the number of treatment slots available in each borough and community district (CD). The gap analysis for treatment slots was determined by subtracting the number of mental health slots identified from the estimated number of children with mental health disorders. A positive number indicates a gap in treatment slots; a negative number indicates a surplus of treatment slots.

Determining Prevalence

To determine the number of children with a mental health need, CCC and its partners drew on widely respected prevalence rates and applied these rates to various age cohorts (using census data) citywide, by borough and by CD. CCC used the following prevalence rates:

- For children ages birth through 4:
 - 8.3% for total behavioral problems;⁵
 - 3.7% for both internalizing and externalizing behavioral problems;⁶ and
 - 3.3% for co-morbid behavioral problems.⁷

⁴ In New York State, a Behavioral Health Organization (BHO) is a care management entity that is charged with monitoring inpatient behavioral health services for fee-for-service Medicaid individuals and services for children with serious emotional disturbance (SED) who receive care in an OMH licensed clinic.

⁵ Lavigne JV, Gibbons RD, Chirstofeel KK, et al (1996). *Prevalence Rates and Correlates of Psychiatric Disorder among Preschool Children*. J Am. Acad. Child Adolesc. Psychiatry, 35:2, 204-21. CCC chose these percentages because they are the most widely accepted prevalence rates for this age group

⁶ Id.

⁷ Id.

- For children ages 5 through 17:
 - 20% for children with a diagnosable mental health disorder.⁸
 - 10% for children with a Serious Emotional Disturbance (SED).⁹

Determining Capacity

To determine the City’s capacity to treat children’s mental health needs, CCC gathered information on treatment slots via a volunteer administered phone survey. First, using OMH’s web site, we gathered the names and addresses of all of the Article 31 clinics¹⁰ serving children and adolescents in NYC. This list was then provided to the Citywide Children’s Committee and Early Childhood Strategic Mental Health workgroups members who had volunteered to collect the information regarding treatment slots in individual clinics by borough. Each of these volunteers was responsible for calling each of the borough’s clinics’ main sites and asking how many slots each of the clinics had for children, as well as how many treatment slots were available for children ages 0 to 5¹¹ and the location and number of treatment slots of any satellite clinics.¹² The information collected by the volunteers was then provided to CCC, who made follow up calls to verify and clarify the data as necessary. CCC then geo-coded the data to determine treatment capacity by CD.

Data Limitations

Although we were able to calculate the prevalence of children’s mental health needs citywide, for all five boroughs and by CD, we were unable to complete a citywide gap analysis and a gap analysis by borough and CD for Queens and Manhattan, because the data received for both boroughs was incomplete. CCC and its partners did complete a gap analysis by borough and by CD for Brooklyn, Bronx and Staten Island.

Compilation of Capacity Information

Workgroup volunteers gathered all of the data. Many volunteers reported difficulties in administering the surveys because clinic providers were reluctant to turn over data, did not return emails or calls, and/or reaching the necessary person at the clinic proved difficult. Notably, this resulted in insufficient data collection in both Manhattan and Queens.

In addition, the treatment slot capacity information we did collect was point in time data based upon when the survey was administered. The surveys for each borough were not all administered at the same point in time. The survey for the Bronx was conducted in 2009; and the surveys from Brooklyn and Staten Island were conducted in 2010.

⁸ New York State Office of Mental Health, <http://www.omh.ny.gov/omhweb/nycat/> (accessed 8/23/11). *See also, Achieving the Promise: Transforming Mental Health Care in America, The President’s New Freedom Commission on Mental Health (2003).* CC chose this prevalence rate because the New York State Office of Mental Health cites prevalence rates of 20% for all mental health disorders in children and the federal government relies upon this statistic as well.

⁹ New York State Office of Mental Health and New York State Office of Alcohol and Substance Abuse Services, *Behavioral Health Organizations Selection Process Document Instruction* (2011) at page 9. *See also, Children’s Team, MRT Behavioral Health Reform Workgroup, (2011) at slide 12 (http://www.omh.ny.gov/omhweb/childservice/mrt/kids_bho_orientation.pdf accessed 8/23/11).* CCC chose this rate because the State Office of Mental Health is relying upon this prevalence rate for current policy reforms

¹⁰ This analysis is limited to Article 31 clinics and therefore does not include capacity that could exist in the private sector. While this does lead us to underestimate existing capacity, CCC and our partners believed that treatment slots in Article 31 clinics was the only method of assessing capacity as the names and locations of these licensed clinics are publicly available; it would not be practicable to try to determine the number of individual private practitioners in New York City. Given this limitation, however, our citywide analysis also looks at prevalence rates for Medicaid-eligible children who would most likely be limited to receiving services in an Article 31 Clinic.

¹¹ Note that the range of ages “0 to 5” is the same range as “birth through age 4.”

¹² *See Appendix B for the questionnaire.*

Finally, some providers reported that they allow children ages 0-4 to use slots that are generally used for children ages 5-17 if there is availability. These slots were counted as part of the capacity for 5-17 year olds.

Calculating Gap Analysis

It is important to note that this gap analysis is an estimate of unmet need. There are limitations to this analysis that should be considered. For instance, every child with a mental health disorder may not need the same level or duration of treatment and therefore some slots could theoretically serve more than one child annually. In addition, some children initially identified with a need for services may, at a later time, no longer be in need of services. Moreover, this gap analysis looks solely at capacity in Article 31 public mental health clinics and some children receive services in private settings.

Since the Medicaid Redesign Team is looking specifically to address the needs of children on Medicaid with mental health needs, CCC also calculated the prevalence of mental health needs among children on Medicaid (and therefore more likely to use the public mental health clinics) and the prevalence of those children with Severe Emotional Disturbance (SED), because children with SED generally require long-term treatment. This analysis is not comprehensive due to the limitations of the Medicaid data. The Medicaid data spans from ages birth through 21 years, whereas the census data allowed CCC to break down the statistics to ages 0-18. In addition, as Medicaid data was not available by borough and by CD. The Medicaid information is found in Appendix B.

As is discussed more fully in the findings section below, there are insufficient treatment slots to serve children in need of mental health treatment.

Key Findings: Citywide Prevalence¹³

The prevalence analysis revealed that there are significant numbers of children within New York City with a mental health need and for whom there is an insufficient number of treatment slots. There are 571,167 children in New York City ages 0-4,¹⁴ of which 47,407 children are estimated to have a behavioral problem. Two subsets of those children with a behavioral problem are the 21,133 children who are estimated to have an internalizing behavioral problem and the 21,133 children who are estimated to have an externalizing behavioral problem. A subset of the children with either an internalizing or externalizing behavior problem finds 18,849 children ages 0-4 in New York City who are estimated to have a co-morbid (both internalizing and externalizing) behavioral problem.

There are 1,343,715 children in New York City ages 5-17,¹⁵ of which 268,743 children are estimated to have any mental health disorder. A subset of the children with any mental health disorder is the 134,372 children ages 5-17 who are estimated to have a serious emotional disturbance (SED).

Prevalence Analysis: Bronx

There are 108,204 children in the Bronx ages 0-4.¹⁶

- 8,981 children ages 0-4 in the Bronx are estimated to have a behavioral problem.
- 4,004 children ages 0-4 in the Bronx are estimated to have an internalizing behavioral problem.
- 4,004 children ages 0-4 the Bronx are estimated to have an externalizing behavioral problem.

¹³ See attached powerpoint presentation in Appendix G: New York City's Children: Mental Health Prevalence and Gap Analysis of Treatment Slot Capacity, (*hereinafter*, Prevalence, Capacity and Gap Analysis) at slides 14 and 16 for prevalence estimates and 20-25 for chart illustration of prevalence, capacity and gap analysis in Bronx, Brooklyn and Staten Island.

¹⁴ U.S. Bureau of the Census, 2006-2008 3-year American Community Survey (*hereinafter*, Census data)

¹⁵ Id.

¹⁶ Id.

- 3,571 children ages 0-4 in the Bronx are estimated to have a co-morbid (both internalizing and externalizing) behavioral problem.

There are 281,629 children in the Bronx ages 5-17.¹⁷

- 56,326 children ages 5-17 in the Bronx are estimated to have any mental health disorder.
- 28,163 children ages 5-17 in the Bronx are estimated to have a serious emotional disturbance.

Prevalence Analysis: Brooklyn

There are 190,795 children in Brooklyn ages 0-4.¹⁸

- 15,836 children ages 0-4 in Brooklyn are estimated to have a behavioral problem.
- 7,059 children ages 0-4 in Brooklyn are estimated to have an internalizing behavioral problem.
- 7,059 children ages 0-4 in Brooklyn are estimated to have an externalizing behavioral problem.
- 6,296 children ages 0-4 in Brooklyn are estimated to have a co-morbid (both internalizing and externalizing) behavioral problem.

There are 451,429 children in Brooklyn ages 5 through 17.¹⁹

- 90,286 children ages 5-17 in Brooklyn are estimated to have any mental health disorder.
- 45,143 children ages 5-17 in Brooklyn are estimated to have a serious emotional disturbance.

Prevalence Analysis: Manhattan

There are 98,284 children ages 0-4 in Manhattan.²⁰

- 8,158 children ages 0-4 in Manhattan are estimated to have a behavioral problem.
- 3,637 children ages 0-4 in Manhattan are estimated to have an internalizing behavioral problem.
- 3,637 children ages 0-4 in Manhattan are estimated to have an externalizing behavioral problem.
- 3,243 children ages 0-4 in Manhattan are estimated to have a co-morbid (both internalizing and externalizing) behavioral problem.

There are 177,504 children ages 5-17 in Manhattan.²¹

- 35,501 children ages five through 17 in Manhattan are estimated to have any mental health disorder.
- 17,750 children ages 5-17 in Manhattan are estimated to have a serious emotional disturbance.

Prevalence Analysis: Queens

There are 144,841 children ages 0-4 in Queens.²²

- 12,022 children ages 0-4 in Queens are estimated to have a behavioral problem.
- 5,359 children ages 0-4 in Queens are estimated to have an internalizing behavioral problem.
- 5,359 children ages 0-4 in Queens are estimated to have an externalizing behavioral problem.
- 4,780 children ages 0-4 in Queens are estimated to have a co-morbid (both internalizing and externalizing) behavioral problem.

There are 347,383 children ages 5-17 in Queens.²³

- 69,477 children ages 5-17 in Queens are estimated to have any mental health disorder.
- 34,738 children ages 5-17 in Queens are estimated to have a serious emotional disturbance.

¹⁷ Id.

¹⁸ Id.

¹⁹ Id.

²⁰ Census data.

²¹ Id.

²² Id.

²³ Id.

Prevalence Analysis: Staten Island

There are 29,043 children in Staten Island ages 0-4.²⁴

- 2,411 children ages 0-4 in Staten Island are estimated to have a behavioral problem.
- 1,075 children ages 0-4 in Staten Island are estimated to have an internalizing behavioral problem.
- 1,075 children ages 0-4 in Staten Island are estimated to have an externalizing behavioral problem.
- 958 children ages 0-4 in Staten Island are estimated to have a co-morbid (both internalizing and externalizing) behavioral problem.

There are 85,770 children in Staten Island ages 5-17.²⁵

- 17,154 children ages 5-17 in Staten Island are estimated to have any mental health disorder.
- 8,577 children ages 5-17 in Staten Island are estimated to have a serious emotional disturbance.

Chart: Prevalence Estimates of Behavioral Problems Among New York City Children Ages 0-4

Community Districts	Total Number of 0 to 4 year olds ¹	Internalizing (3.7%) ²	Externalizing (3.7%) ³	Comorbid (3.3%) ⁴	Total Behavioral Problems (8.3%) ⁵
Bronx					
Mott Haven (B01)	7,670	284	284	253	637
Hunts Point (B02)	4,382	162	162	145	364
Morrisania (B03)	6,369	236	236	210	529
Concourse/Highbridge (B04)	12,239	453	453	404	1,016
University Heights (B05)	13,099	485	485	432	1,087
East Tremont (B06)	6,529	242	242	215	542
Fordham (B07)	8,168	302	302	270	678
Riverdale (B08)	8,693	322	322	287	722
Unionport/Soundview (B09)	13,019	482	482	430	1,081
Throgs Neck (B10)	6,247	231	231	206	519
Pelham Parkway (B11)	9,401	348	348	310	780
Williamsbridge (B12)	12,388	458	458	409	1,028
Total	108,204	4,004	4,004	3,571	8,981

²⁴ Id.

²⁵ Id.

Prevalence Estimates of Behavioral Problems Among New York City Children Ages 0-4:

Community District	Total Number of 0 to 4 year olds¹	Internalizing (3.7%)²	Externalizing (3.7%)³	Comorbid (3.3%)⁴	Total Behavioral Problems (8.3%)⁵
Brooklyn					
Williamsburg/Greenpoint (K01)	12,000	444	444	396	996
Fort Greene/Brooklyn Heights (K02)	6,928	256	256	229	575
Bedford Stuyvesant (K03)	12,814	474	474	423	1,064
Bushwick (K04)	10,931	404	404	361	907
East New York (K05)	13,086	484	484	432	1,086
Park Slope (K06)	8,141	301	301	269	676
Sunset Park (K07)	13,897	514	514	459	1,153
Crown Heights North (K08)	8,698	322	322	287	722
Crown Heights South (K09)	7,390	273	273	244	613
Bay Ridge (K10)	6,451	239	239	213	535
Bensonhurst (K11)	10,999	407	407	363	913
Borough Park (K12)	20,066	742	742	662	1,665
Coney Island (K13)	4,302	159	159	142	357
Flatbush/Midwood (K14)	12,722	471	471	420	1,056
Sheepshead Bay (K15)	8,653	320	320	286	718
Brownsville (K16)	10,107	374	374	334	839
East Flatbush (K17)	10,251	379	379	338	851
Canarsie (K18)	13,359	494	494	441	1,109
Total	190,795	7,059	7,059	6,296	15,836

Manhattan

Battery Park/Tribeca (M01)	3,030	112	112	100	252
Greenwich Village (M02)	5,739	212	212	189	476
Lower East Side (M03)	6,963	258	258	230	578
Chelsea/Clinton (M04)	3,205	119	119	106	266
Midtown Business District (M05)	1,141	42	42	38	95
Murray Hill/Stuyvesant (M06)	6,384	236	236	211	530
Upper West Side (M07)	16,207	600	600	535	1,345
Upper East Side (M08)	12,680	469	469	418	1,052
Manhattanville (M09)	7,317	271	271	241	607
Central Harlem (M10)	10,186	377	377	336	845
East Harlem (M11)	11,105	411	411	366	922
Washington Heights (M12)	14,327	530	530	473	1,189
Total	98,284	3,637	3,637	3,243	8,158

Prevalence Estimates of Behavioral Problems Among New York City Children Ages 0-4:

Community District	Total Number of 0 to 4 year olds ¹	Internalizing (3.7%) ²	Externalizing (3.7%) ³	Comorbid (3.3%) ⁴	Total Behavioral Problems (8.3%) ⁵
Queens					
Astoria/Long Island City (Q01)	9,753	361	361	322	809
Sunnyside/Woodside (Q02)	8,677	321	321	286	720
Jackson Heights (Q03)	12,595	466	466	416	1,045
Elmhurst/Corona (Q04)	9,324	345	345	308	774
Ridgewood/Glendale (Q05)	12,168	450	450	402	1,010
Rego Park/Forest Hills (Q06)	6,860	254	254	226	569
Flushing (Q07)	14,017	519	519	463	1,163
Fresh Meadows/Briarwood (Q08)	10,003	370	370	330	830
Woodhaven (Q09)	9,932	367	367	328	824
Howard Beach (Q10)	8,613	319	319	284	715
Bayside (Q11)	5,542	205	205	183	460
Jamaica/St. Albans (Q12)	16,775	621	621	554	1,392
Queens Village (Q13)	11,090	410	410	366	920
The Rockaways (Q14)	9,492	351	351	313	788
Total	144,841	5,359	5,359	4,780	12,022

Staten Island

Willowbrook (S01)	12,082	447	447	399	1,003
South Beach (S02)	7,304	270	270	241	606
Tottenville (S03)	9,657	357	357	319	802
Total	29,043	1,075	1,075	958	2,411

New York City Total	571,167	21,133	21,133	18,849	47,407
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1: U.S. Bureau of the Census. 2006-2008 3-year American Community Survey.

2: Lavigne JV, Gibbons RD, Chirstofeel KK, et al (1996). Prevalence Rates and Correlates of Psychiatric Disorder among Preschool Children. J Am Acad Child Adolesc Psychiatry, 35:2, 204-214.

3: Id.

4: Id.

5: Id.

Chart: Prevalence of Mental Health Disorders Among New York City Children Ages 5-17

Community Districts	Total Number of 5 to 17 year olds¹	Serious Emotional Disturbance: Total Prevalence (10%)²	Mental Health Disorders: Total Prevalence (20.0%)³
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Bronx

Mott Haven (B01)	21,123	2,112	4,225
Hunts Point (B02)	12,070	1,207	2,414
Morrisania (B03)	19,439	1,944	3,888
Concourse/Highbridge (B04)	31,281	3,128	6,256
University Heights (B05)	30,858	3,086	6,172
East Tremont (B06)	19,930	1,993	3,986
Fordham (B07)	26,695	2,670	5,339
Riverdale (B08)	16,580	1,658	3,316
Unionport/Soundview (B09)	34,691	3,469	6,938
Throgs Neck (B10)	18,061	1,806	3,612
Pelham Parkway (B11)	23,376	2,338	4,675
Williamsbridge (B12)	27,525	2,753	5,505
Total	281,629	28,163	56,326

Brooklyn

Williamsburg/Greenpoint (K01)	26,557	2,656	5,311
Fort Greene/Brooklyn Heights (K02)	14,331	1,433	2,866
Bedford Stuyvesant (K03)	30,097	3,010	6,019
Bushwick (K04)	25,619	2,562	5,124
East New York (K05)	34,972	3,497	6,994
Park Slope (K06)	14,541	1,454	2,908
Sunset Park (K07)	24,046	2,405	4,809
Crown Heights North (K08)	23,025	2,303	4,605
Crown Heights South (K09)	18,891	1,889	3,778
Bay Ridge (K10)	16,561	1,656	3,312
Bensonhurst (K11)	26,509	2,651	5,302
Borough Park (K12)	41,781	4,178	8,356
Coney Island (K13)	13,456	1,346	2,691
Flatbush/Midwood (K14)	30,408	3,041	6,082
Sheepshead Bay (K15)	21,349	2,135	4,270
Brownsville (K16)	28,147	2,815	5,629
East Flatbush (K17)	23,992	2,399	4,798
Canarsie (K18)	37,147	3,715	7,429
Total	451,429	45,143	90,286

Prevalence of Mental Health Disorders Among New York City Children Ages 5-17

Community Districts	Total Number of 5 to 17 year olds¹	Serious Emotional Disturbance: Total Prevalence (10%)²	Mental Health Disorders: Total Prevalence (20.0%)³
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Manhattan

Battery Park/Tribeca (M01)	3,854	385	771
Greenwich Village (M02)	7,299	730	1,460
Lower East Side (M03)	17,068	1,707	3,414
Chelsea/Clinton (M04)	4,411	441	882
Midtown Business District (M05)	1,570	157	314
Murray Hill/Stuyvesant (M06)	7,374	737	1,475
Upper West Side (M07)	22,433	2,243	4,487
Upper East Side (M08)	23,531	2,353	4,706
Manhattanville (M09)	15,387	1,539	3,077
Central Harlem (M10)	22,210	2,221	4,442
East Harlem (M11)	21,984	2,198	4,397
Washington Heights (M12)	30,383	3,038	6,077
Total	177,504	17,750	35,501

Queens

Astoria/Long Island City (Q01)	22,508	2,251	4,502
Sunnyside/Woodside (Q02)	16,362	1,636	3,272
Jackson Heights (Q03)	26,413	2,641	5,283
Elmhurst/Corona (Q04)	21,202	2,120	4,240
Ridgewood/Glendale (Q05)	28,154	2,815	5,631
Rego Park/Forest Hills (Q06)	13,734	1,373	2,747
Flushing (Q07)	31,941	3,194	6,388
Fresh Meadows/Briarwood (Q08)	21,750	2,175	4,350
Woodhaven (Q09)	25,489	2,549	5,098
Howard Beach (Q10)	24,167	2,417	4,833
Bayside (Q11)	18,791	1,879	3,758
Jamaica/St. Albans (Q12)	38,192	3,819	7,638
Queens Village (Q13)	34,749	3,475	6,950
The Rockaways (Q14)	23,931	2,393	4,786
Total	347,383	34,738	69,477

Prevalence of Mental Health Disorders Among New York City Children Ages 5-17

Community Districts	Total Number of 5 to 17 year olds ¹	Serious Emotional Disturbance: Total Prevalence (10%) ²	Mental Health Disorders: Total Prevalence (20.0%) ³
Staten Island			
Willowbrook (S01)	32,568	3,257	6,514
South Beach (S02)	23,294	2,329	4,659
Tottenville (S03)	29,908	2,991	5,982
Total	85,770	8,577	17,154
New York City Total			
	1,343,715	134,372	268,743

1: U.S. Bureau of the Census. 2006-2008 3-year American Community Survey.

2: New York State Office of Mental Health and New York State Office of Alcohol and Substance Abuse Services, *Behavioral Health Organizations Selection Process Document Instruction* (2011) at page 9. *See also*, Children's Team, MRT Behavioral Health Reform Workgroup, (2011) at slide 12.

3: New York State Office of Mental Health, <http://www.omh.ny.gov/omhweb/nycat/> (accessed 8/23/11). *See also*, *Achieving the Promise: Transforming Mental Health Care in America*, The President's New Freedom Commission on Mental Health (2003).

Key Findings: Capacity and Gap Analysis

CCC found that there was a significant gap between the estimated prevalence of mental health diagnoses among children and the number of treatment slots available for children.

Treatment Slots/Capacity in Brooklyn, Bronx and Staten Island:²⁶

In Brooklyn, Bronx and Staten Island, the three boroughs from which CCC received capacity data, there were 47 unique providers that had a total of 270 slots for mental health treatment for children ages birth to 4 and a total of 19,305 treatment slots for children ages five to 17.

The providers had an average of 426 treatment slots each, for mental health treatment for children of all ages.

Specifically, the survey found:

- In Brooklyn, there were 10,979 slots for children and adolescents, of which there were 154 slots for 0-4 year olds and 10,825 slots for 5-17 year olds.
- The Brooklyn CDs with the most capacity for children ages 5-17²⁷ were Bedford Stuyvesant with 1,710* slots, East Flatbush with 1,278* slots and East New York with 1,199* slots.
- The Brooklyn CDs with the least capacity for children ages 5-17: were Brownsville with 0* slots, Park Slope with 75 slots and Bensonhurst with 77 slots.

Notably, the 3 Brooklyn CDs with the most treatment slot capacity and the one with the least treatment slot capacity (denoted with asterisks) correspond to the Brooklyn CDs with higher risk ranking according to CCC's Keeping Track of New York City's Children: 2010.²⁸ The risk-ranking map for Brooklyn can be found in Appendix F.²⁹

- In the Bronx, there were 7,298 slots for children and adolescents, of which there were 116 slots for 0-4 year olds and 7,182 slots for 5-17 year olds.
- The Bronx CDs with the most capacity for children ages 5-17 were University Heights with 1,570 slots, Mott Haven with 1,215 slots, and East Tremont with 1,016 slots.
- The Bronx CDs with the least capacity for children ages 5-17: were Hunts Point with 0 slots, Morrisania with 40 slots and Concourse/ Highbridge with 232 slots.

²⁶ Some clinics reported that they allow children ages 0-4 to use slots that are generally for children ages 5 through 17, but they are available on a first come, first served basis. CCC included those slots as part of the 5-17 capacity.

²⁷ The number of slots for children ages 0-4 was so small in each of the three boroughs for which data was collected and showed that most CDs did not have treatment slots for children ages 0-4. Therefore this analysis of risk ranking was not done for that age cohort.

²⁸ CCC's community risk rankings are based on the concept that the presence of multiple risk factors have a cumulative negative effect on a child's well being. The rankings incorporate several of our indicators of child risk and well being from each of eight categories - economic conditions, health, youth, housing, community life, safety, environment, and education. To calculate the rankings, first the values of each indicator are standardized using a method called Linear Scaling Technique (LST) in order take into account each community's risk level relative to the risk levels of the other communities and to convert all the indicators to the same scale of measurement. Second, for each community, we then take the average of the standardized indicator values within each of the eight categories to get a "risk score" for each category. Third, and finally, communities are then placed into one of five ranking groups, ranging from lowest to highest risk, for each category. The overall risk ranking is based on an average of all of the category "risk scores." There are about 36 different factors that CCC takes into account to create risk rankings. Some of the factors calculated into risk rankings include information from the following categories: economic conditions, health, youth, housing, community life, safety, environment and education.

²⁹ Prevalence, Capacity and Gap Analysis, at slide 25, illustration of Risks to Child Well-Being by Community District: Bronx.

Notably, all 6 of these CDs are the Bronx CDs with both the most and least treatment slot capacity are also the highest ranked in the Bronx for risk according to CCC's 2010 Keeping Track of New York City's Children. The risk-ranking map for the Bronx can be found in Appendix F.³⁰

- In Staten Island, there were 1,298 slots for slots for children and adolescents of which there were 0 slots for 0-4 year olds and 1,298 slots for 5-17 year olds.
- The Staten Island CD with the most capacity for children ages 5-17 was Willowbrook with 723 slots.
- The Staten Island CD with the least capacity for children ages 5-17 was Tottenville with 150 slots.

Notably, Willowbrook is the Staten Island CD with the greatest concentration of treatment slots and is also the CD with the highest risk ranking on Staten Island according to CCC's 2010 Keeping Track of New York City's Children. The risk-ranking map for Staten Island can be found in Appendix F.³¹

Gap Analysis for Brooklyn, Bronx and Staten Island

In the three boroughs for which CCC received treatment slot capacity data, Bronx, Brooklyn and Staten Island, there were a combined estimated 27,228 children ages 0-4 with a mental health need and a total of 270 slots for mental health treatment, which resulted in a capacity gap of 26,958 treatment slots. There were only treatment slots for 1% of these children.

In these three boroughs (Bronx, Brooklyn and Staten Island), there were also a combined estimated 163,766 children ages 5 through 17 with a mental health disorder and a total of 19,305 mental health treatment slots, which resulted in a capacity gap of 144,461 treatment slots. There were only treatment slots for 12% of these children.

Furthermore, in these three boroughs, there were a combined estimated 81,883 children ages 5-17 with a serious emotional disturbance and a total of 19,305 mental health treatment slots, which resulted in a capacity gap of 62,578 treatment slots. There were only treatment slots for 24% of these children.

Brooklyn:

- There is an estimated capacity gap of 15,682 slots for Brooklyn children ages 0-4 with a behavioral problem.
- There is an estimate capacity gap of 79,461 slots for Brooklyn children ages 5-17 with any mental health disorder.
- There is an estimated capacity gap of 34,318 slots for Brooklyn children ages 5-17 who have a serious emotional disturbance.

The full gap analysis for Brooklyn can be found in Appendix D.

Bronx:

- There is an estimated capacity gap of 8,865 slots for Bronx children ages 0-4 with a behavioral problem.
- There is an estimate capacity gap of 49,144 slots for Bronx children ages 5-17 with any mental health disorder.
- There is an estimated capacity gap of 20,981 slots for Bronx children ages 5-17 who have a serious emotional disturbance.

The full gap analysis for the Bronx can be found in Appendix C.

³⁰ Id. at slide 28 for illustration of Risks to Child Well-Being by Community District: Brooklyn.

³¹ Id. at slide 31 for illustration of Risks to Child Well-Being by Community District: Staten Island.

Staten Island

- There is an estimated capacity gap of 2,411 slots for Staten Island children ages 0-4 with a behavioral problem.
- There is an estimate capacity gap of 15,856 slots for Staten Island children ages 5-17 with any mental health disorder.
- There is an estimated capacity gap of 7,279 slots for Staten Island children ages 5-17 who have a serious emotional disturbance.

The full gap analysis for Staten Island can be found in Appendix E.

Notably, as discussed above, when we examined the gap between need and available slots at the CD level, we saw large gaps in CDs where risks to children's well being concentrate, using CCC's risk ranking in the 2010 Keeping Track of New York City's Children such as Brownsville (Brooklyn) and Hunts Point (Bronx), both of which had zero mental health treatment slots for children ages 0-17.

Moreover, even the CDs with the most capacity (and where risks to children's well-being were also high) still lacked a sufficient number of treatment slots for children, i.e., Bedford Stuyvesant (Brooklyn), University Heights (Bronx) and Willowbrook (Staten Island)

- Bedford Stuyvesant (Brooklyn) had 1,710 treatment slots for children ages 5-17 yet a gap between prevalence and capacity for children with serious emotional disorders of 1,300 treatment slots and a gap between prevalence and capacity for children ages 5-17 with mental health disorder of 4,309 treatment slots.
- University Heights (Bronx) had 1,570 treatment slots for children ages 5-17 yet a gap between prevalence and capacity for children with serious emotional disorders of 1,516 treatment slots and a gap between prevalence and capacity for children ages 5-17 with mental health disorder of 4,602 treatment slots.
- Willowbrook (Staten Island) had 723 treatment slots for children ages 5-17 yet a gap between prevalence and capacity for children with serious emotional disorders of 2,534 treatment slots and a gap between prevalence and capacity for children ages 5-17 with mental health disorder of 5,791 treatment slots.

Summary

There are an insufficient number of treatment slots to serve children in need of mental health treatment. Even if every child with a mental health disorder may not need the same level or duration of treatment and therefore some slots could theoretically serve more than one child annually, if we look only at children for whom treatment might be long term (more than six months), we find:

In Brooklyn, Bronx and Staten Island:

There are 27,288 children ages 0-4 with a behavioral need and 163,766 children ages 5-17 with a mental health disorder³² for a total of 191,054 children with a mental health treatment need.

The 47 providers had a total of 19,575 treatment slots for mental health treatment for children of all age ranges.³³ On average, in those three boroughs, there were 426 treatment slots per provider including satellites.³⁴

In order to meet the treatment needs of children in Brooklyn, Bronx and Staten Island,³⁵

³² See charts on pages 6-11.

³³ See data on page 12.

³⁴ To arrive at this number, CCC calculated the total number of children with a mental health treatment need in Bronx, Brooklyn and Staten Island and the number of providers in those three boroughs. We then divided the number of children with a mental health treatment need by the number of providers and arrived at the number of slots per provider that would be necessary.

- If each treatment slot could serve 1 child annually, there would need to be 191,054 mental health treatment slots, an increase of 171,479 slots.
- If each treatment slot could serve 2 children annually, there would need to be 95,527 mental health treatment slots, an increase of 75,952 slots.
- If each treatment slot could serve 3 children annually, there would need to be 63,685 mental health treatment slots, an increase of 44,110 slots.
- If each treatment slot could serve 4 children annually, there would need to be 47,764 mental health treatment slots, an increase of 28,189 slots.

In Manhattan and Queens:

There was no slot analysis in Queens or Manhattan due to lack of data, but we have the prevalence for mental health disorders for children in those boroughs, 20,180 children ages 0-4 with a behavioral need and 104,978 children ages 5-17 with a mental health disorder³⁶ for a total of 125,158 children with a mental health treatment need.

There are a combined 69 providers in Manhattan and Queens.

In order to meet the treatment needs of children in Manhattan and Queens:

- If each treatment slot could serve 1 child annually, there would need to be 125,158 mental health treatment slots.
- If each treatment slot could serve 2 children annually, there would need to be 62,579 mental health treatment slots.
- If each treatment slot could serve 3 children annually, there would need to be 41,719 mental health treatment slots.
- If each treatment slot could serve 4 children annually, there would need to be 31,290 mental health treatment slots.

Recommendations

CCC found that there is insufficient mental health treatment slot capacity to serve children in need of mental health treatment particularly in CDs where risks to children's well being concentrate. In addition, we found that the State and City lack a centralized means of tracking clinic capacity to serve children. Based on these findings, CCC makes the following recommendations.

Data collection:

- CCC recommends that the City and State establish a process through which they can regularly determine clinic capacity and unmet need by tracking the number of treatment slots for children ages' 0 to 4 and 5 to17 for all Article 31 clinics and their satellites.
- CCC suggests that DOHMH and OMH perform their own gap analysis once they have obtained slot capacity. In this way, the City and State could assess whether clinic capacity is sufficient,

³⁵ Since all children do not need the same length of mental health treatment, CCC calculated the ability of each slot to serve children based on the following ranges: one child receives treatment for one year in one slot; two children are served by one slot in one year (meaning each child receives treatment for less than one year); three children are served by one slot in one year and finally, that four children could be served by one slot in one year. These numbers are for discussion only. CCC recognizes that a child's length of treatment should be commensurate with the child's need.

³⁶ See charts on pages 6-11.

where additional resources are needed, or where additional outreach is needed to create or fill slots.

- CCC recommends that the City and State track service provision to the uninsured and underinsured at the clinic level when collecting data on treatment slot capacity.

Capacity and Prevalence:

- CCC recommends that the City and State use CCC's analysis and eventually their own analyses to target the expansion and support of community based mental health treatment services to communities where children's needs are great but underserved.

State Reforms Underway:

- CCC recommends that the City and State use this analysis to inform development and expansion of child-serving health homes, behavioral health organizations and Medicaid managed care.
- CCC recommends that the State and City conduct a Medicaid specific analysis regarding capacity of mental health treatment slots to service children on Medicaid, which can then further inform state changes around Medicaid and delivery of behavioral health treatment for children.

Conclusion

Unmet mental health needs for children result in higher costs, not just for children but also for society because these children are often unable to perform academically or socially and those with severe untreated mental health needs too often end up in a hospital or institutional setting.

This analysis demonstrates that there are large gaps in children's mental health treatment slot availability particularly in high need areas of the City. We urge the State and the City to use this information to strategically determine how to 1) establish a process through which the State and City can regularly determine clinic capacity and unmet need; and 2) target the expansion and support of services to communities where children are underserved; and 3) inform the move toward implementation of state reforms related to the establishment of health homes, Behavioral Health Organizations (BHOs) and the expansion of managed care.

Appendix A: Sample Survey

Borough Capacity Analysis

Background: As part of the Citywide Children's Committee and the New York City Early Childhood Mental Health Strategic Work Group's local government planning process, Jennifer Havens, (Director, Clinical and Community Services, Child and Adolescent Psychiatry Morgan Stanley Children's Hospital of New York Presbyterian), with support from the Citizen's Committee for Children is conducting a capacity analysis for children's mental health services in all 5 boroughs. We have asked her to also collect data on available treatment slots for birth to 5 year olds. The borough children's committees are taking the lead in collecting data for the respective boroughs. The following are the questions that should be asked of Article 31 clinics:

Questions:

1. How many treatment slots do you have at any given time for routine treatment of children and adolescents? In other words, when your clinic is filled, how many children and adolescents are you caring for? Do not include crisis or acute care slots, if you have them.

of slots_____

2. Do you provide mental health services for young children (0-5)

NO____

YES____ If so, how many treatment slots for this population do you have (same as above)?

of slots_____

3. Do you have satellite clinics in schools or elsewhere where you are providing licensed mental health services to children and adolescents?

NO____

YES____ If so, how many treatment slots do you have in the satellites? Please report these by type of satellite (school, after-school, etc).

TYPE of SATELLITE_____

of SLOTS_____

TYPE of SATELLITE_____

of SLOTS_____

TYPE of SATELLITE_____

of SLOTS_____

The satellite sites should be tracked separately. In the Northern Manhattan capacity analysis they separated the school-based services from the clinic ones, but reported the slots in an aggregate way.

If providers tell you they are providing mental health services in medical sites (primary care sites, school-based health clinics) indicate the number of slots but we will track these separately.

Only include information from foster care programs if they actually have an OMH license.

Appendix B: Prevalence Analysis: Children on Medicaid

Medicaid eligible data for children was only available in the aggregate both by age and by City. Moreover it ranged from birth to 21, not birth to 18. It was not available broken down by either Borough or by Community District (CD) so CCC was not able to perform a comparable analysis to the one conducted utilizing census data. However, using prevalence ranges of 20% for a mental health need and 10% for a serious emotional disturbance, which is the state is using to implement current reforms,³⁷ we found:

Number of children in NYC ages 0-21 enrolled in Medicaid: ³⁸	1,330,075
Number of children birth to 21 with a mental health need (20%)	266,015
Number of children ages birth to 21 have a serious emotional disturbance (10%)	133,008

³⁷ New York State Office of Mental Health and New York State Office of Alcohol and Substance Abuse Services, *Behavioral Health Organizations Selection Process Document Instruction* (2011) at page 9. See also, Children's Team, MRT Behavioral Health Reform Workgroup, (2011) at slide 12 (http://www.omh.ny.gov/omhweb/childservice/mrt/kids_bho_orientation.pdf accessed 8/23/11).

³⁸ Citizens' Committee for Children of New York, Inc, *Keeping Track of New York City's Children: 2010* (New York 2010) at page 133.

Appendix: C: Bronx Children: Gap Between Prevalence and Capacity

Among Bronx Children Ages 0-4: Gap Between Prevalence and Capacity

Community Districts	Mental Health Slots for 0 to 4 Year Olds¹	Gap Analysis: Internalizing	Gap Analysis: Externalizing	Gap Analysis: Comorbid	Gap Analysis: Total Behavioral Problems
Mott Haven (B01)	0	284	284	253	637
Hunts Point (B02)	0	162	162	145	364
Morrisania (B03)	0	236	236	210	529
Concourse/Highbridge (B04)	100	353	353	304	916
University Heights (B05)	0	485	485	432	1,087
East Tremont (B06)	0	242	242	215	542
Fordham (B07)	0	302	302	270	678
Riverdale (B08)	16	306	306	271	706
Unionport/Soundview (B09)	0	482	482	430	1,081
Throgs Neck (B10)	0	231	231	206	519
Pelham Parkway (B11)	0	348	348	310	780
Williamsbridge (B12)	0	458	458	409	1,028
Total	116	3,888	3,888	3,455	8,865

¹: Based on survey conducted by CCC, NYC Citywide Children's Committee and NYC Early Childhood Mental Health Strategic Workgroup.

Among Bronx Children Ages 5-17: Gap Between Prevalence and Capacity

Community Districts	Slots for Children and Adolescents¹	Gap Analysis: Serious Emotional Disturbance	Gap Analysis: Mental Health Disorders
Mott Haven (B01)	1,215	897	3,010
Hunts Point (B02)	0	1,207	2,414
Morrisania (B03)	40	1,904	3,848
Concourse/Highbridge (B04)	232	2,896	6,024
University Heights (B05)	1,570	1,516	4,602
East Tremont (B06)	1,016	977	2,970
Fordham (B07)	492	2,178	4,847
Riverdale (B08)	257	1,401	3,059
Unionport/Soundview (B09)	555	2,914	6,383
Throgs Neck (B10)	500	1,306	3,112
Pelham Parkway (B11)	855	1,483	3,820
Williamsbridge (B12)	450	2,303	5,055
Total	7,182	20,981	49,144

¹ Based on survey conducted by CCC, NYC Citywide Children's Committee and NYC Early Childhood Mental Health Strategic Workgroup.

Appendix D: Brooklyn Children: Gap Between Prevalence and Capacity

Among Brooklyn Children Ages 0-4: Gap Between Prevalence and Capacity

Community Districts	Mental Health Slots for 0 to 4 Year Olds¹	Gap Analysis: Externalizing	Gap Analysis: Internalizing	Gap Analysis: Comorbid	Gap Analysis: Total Behavioral Problems
Williamsburg/Greenpoint (K01)	0	444	444	396	996
Fort Greene/Brooklyn Heights (K02)	23	233	233	206	552
Bedford Stuyvesant (K03)	12	462	462	411	1,052
Bushwick (K04)	5	399	399	356	902
East New York (K05)	0	484	484	432	1,086
Park Slope (K06)	0	301	301	269	676
Sunset Park (K07)	0	514	514	459	1,153
Crown Heights North (K08)	1	321	321	286	721
Crown Heights South (K09)	95	178	178	149	518
Bay Ridge (K10)	0	239	239	213	535
Bensonhurst (K11)	0	407	407	363	913
Borough Park (K12)	15	727	727	647	1,650
Coney Island (K13)	0	159	159	142	357
Flatbush/ Midwood (K14)	3	468	468	417	1,053
Sheepshead Bay (K15)	0	320	320	286	718
Brownsville (K16)	0	374	374	334	839
East Flatbush (K17)	0	379	379	338	851
Canarsie (K18)	0	494	494	441	1,109
Total	154	6,905	6,905	6,142	15,682

¹ Based on survey conducted by CCC, NYC Citywide Children's Committee and NYC Early Childhood Mental Health Strategic Workgroup.

Among Brooklyn Children Ages 5-17: Gap Between Prevalence and Capacity

Community Districts	Slots for Children and Adolescents¹	Gap Analysis: Serious Emotional Disturbance	Gap Analysis: Mental Health Disorders
Williamsburg/Greenpoint (K01)	605	2,051	4,706
Fort Greene/Brooklyn Heights (K02)	1,101	332	1,765
Bedford Stuyvesant (K03)	1,710	1,300	4,309
Bushwick (K04)	200	2,362	4,924
East New York (K05)	1,199	2,298	5,795
Park Slope (K06)	75	1,379	2,833
Sunset Park (K07)	655	1,750	4,154
Crown Heights North (K08)	114	2,189	4,491
Crown Heights South (K09)	985	904	2,793
Bay Ridge (K10)	267	1,389	3,045
Bensonhurst (K11)	77	2,574	5,225
Borough Park (K12)	756	3,422	7,600
Coney Island (K13)	163	1,183	2,528
Flatbush/Midwood (K14)	207	2,834	5,875
Sheepshead Bay (K15)	883	1,252	3,387
Brownsville (K16)	0	2,815	5,629
East Flatbush (K17)	1,278	1,121	3,520
Canarsie (K18)	550	3,165	6,879
Total	10,825	34,318	79,461

¹ Based on survey conducted by CCC, NYC Citywide Children's Committee and NYC Early Childhood Mental Health Strategic Workgroup.

Appendix E: Staten Island Children: Gap Between Prevalence and Capacity

Among Staten Island Children Ages 0-4: Gap Between Prevalence and Capacity

Community Districts	Mental Health Slots for 0 to 4 Year Olds¹	Gap Analysis: Internalizing	Gap Analysis: Externalizing	Gap Analysis: Comorbid	Gap Analysis: Total Behavioral Problems
Willowbrook (S01)	0	447	447	399	1,003
South Beach (S02)	0	270	270	241	606
Tottenville (S03)	0	357	357	319	802
Total	0	1,075	1,075	958	2,411

¹ Based on survey conducted by CCC, NYC Citywide Children's Committee and NYC Early Childhood Mental Health Strategic Workgroup.

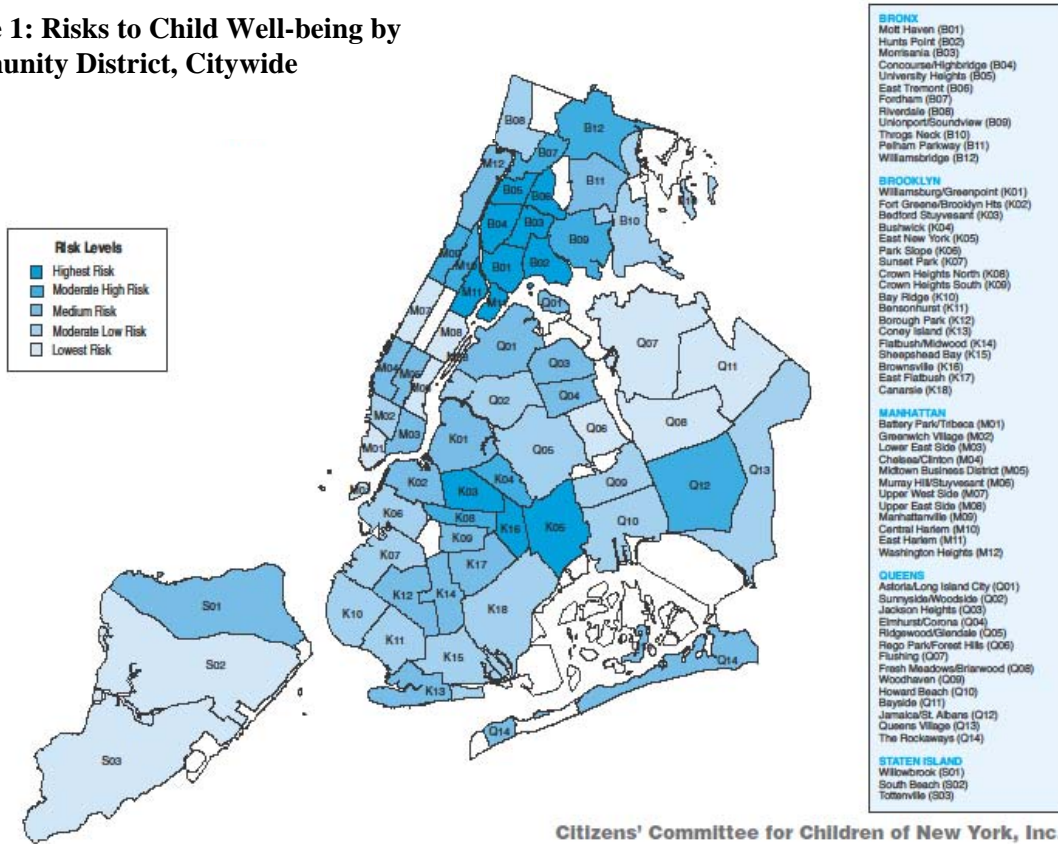
Among Staten Island Children Ages 5-17: Gap Between Prevalence and Capacity

Community Districts	Slots for Children and Adolescents¹	Gap Analysis: Serious Emotional Disturbance (SED)	Gap Analysis: Mental Health Disorders
Willowbrook (S01)	723	2,534	5,791
South Beach (S02)	425	1,904	4,234
Tottenville (S03)	150	2,841	5,832
Total	1,298	7,279	15,856

¹ Based on survey conducted by CCC, NYC Citywide Children's Committee and NYC Early Childhood Mental Health Strategic Workgroup.

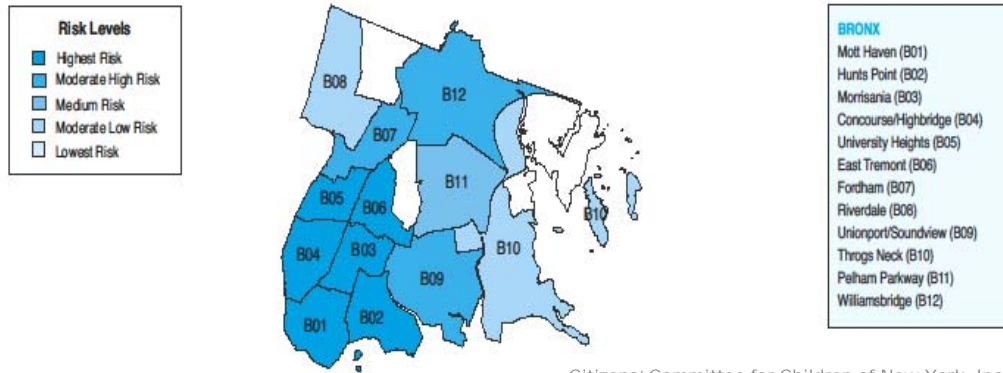
Appendix F: Maps of Risks to Child Well-Being by Community District

Figure 1: Risks to Child Well-being by Community District, Citywide



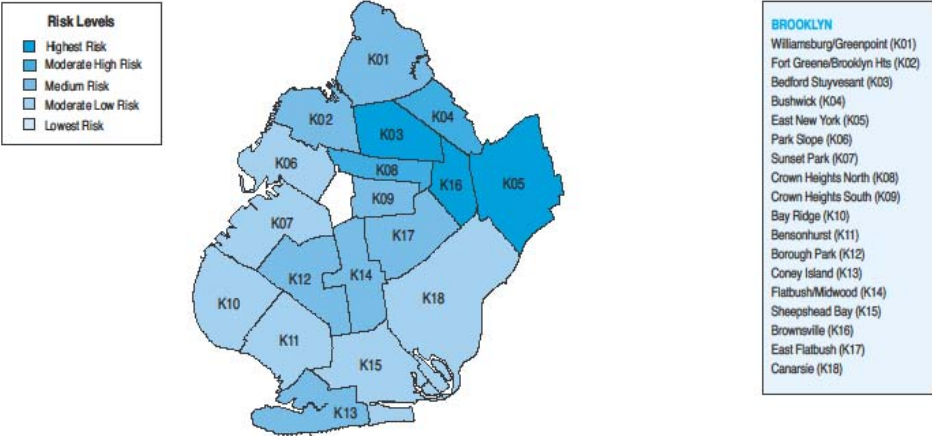
Citizens' Committee for Children of New York, Inc.

Figure 2: Risks to Child Well-being by Community District: Bronx



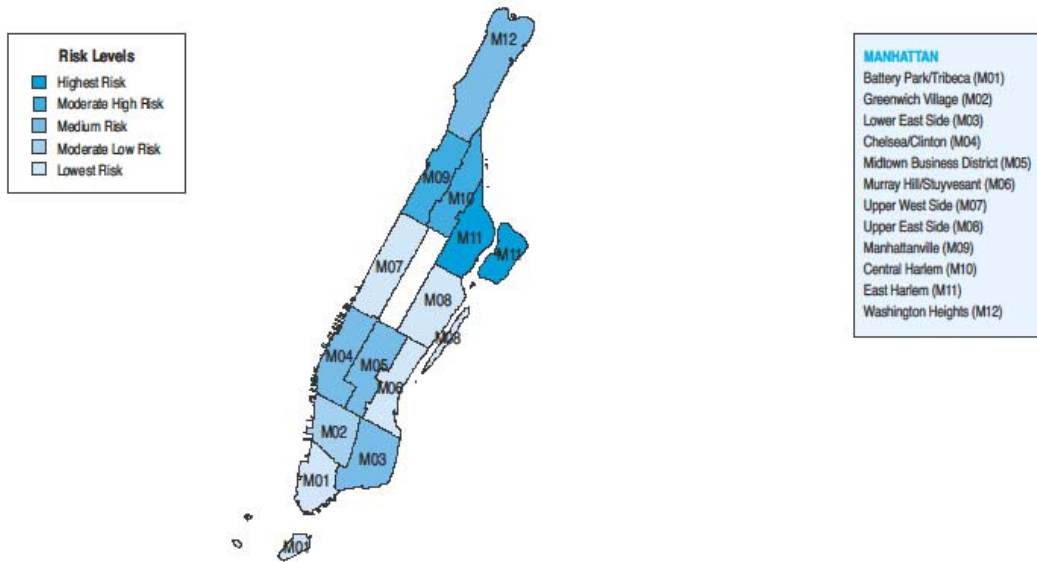
Citizens' Committee for Children of New York, Inc.

Figure 3: Risks to Child Well-being by Community District: Brooklyn



Citizens' Committee for Children of New York, Inc.

Figure 4: Risks to Child Well-being by Community District: Manhattan



Citizens' Committee for Children of New York, Inc.

Figure 5: Risks to Child Well-being by Community District: Queens

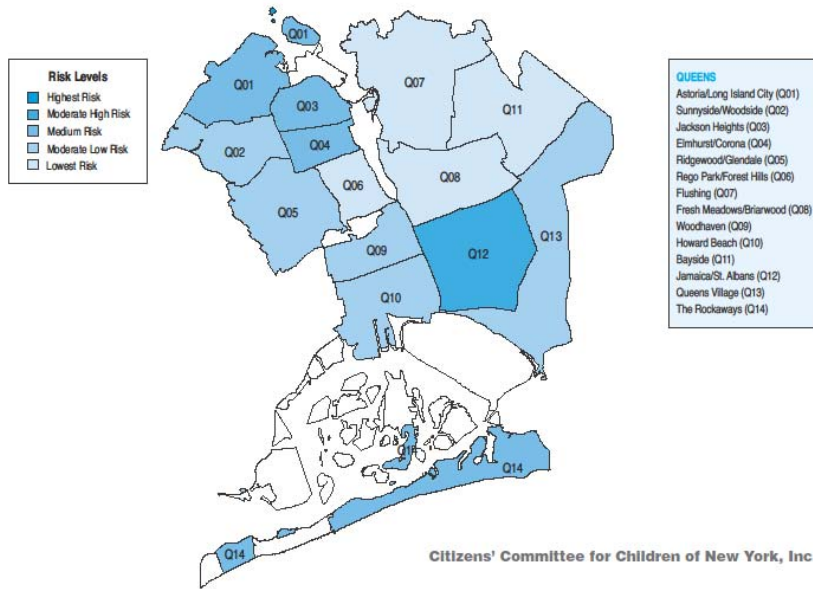
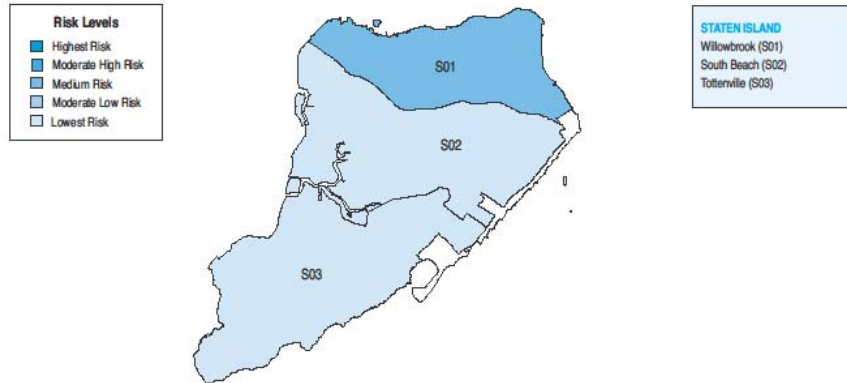


Figure 6: Risks to Child Well-being by Community District: Staten Island



Citizens' Committee for Children of New York, Inc.

Appendix G: PowerPoint Presentation